



Engaging Non-Traditional Partners to Increase Medicaid and CHIP Enrollment

Connecting Kids to Coverage National Campaign

Webinar Transcript May 12, 2016

Carol Backstrom: Hi everyone. My name is Carol Backstrom, and I am the Director of Intergovernmental and External Affairs at The Center for Medicaid and CHIP Services as Erin had mentioned. I want to thank everyone for joining us here today. I'm going to talk a little bit about the agenda. Today, our speakers will cover various strategies that your organization can use to engage community partners who may not be top of mind when you're thinking about your outreach and enrollment strategies, but these folks are key to helping us reduce the number of uninsured kids. First we're going to hear from Child Care Aware, who will provide tips to connect with child care facilities to find Medicaid and CHIP eligible families. Next, a regional office within the U.S. Department of Housing and Urban Development will cover opportunities to integrate health care assistance into federal housing outreach. Then, Insure Central Texas will share their strategies to connect with potential enrollees through innovative outreach strategies. And finally, we're going to hear about providing healthcare options to small businesses from the Children's Partnership. Of course, we'll close with resources available through our Connecting Kids to Coverage Campaign. And we'll of course also take your questions at the end of the webinar, so feel free to use your chat box throughout. But, before we begin, let's answer a poll question. The Question is, are you partnering with non-healthcare related organizations in your outreach efforts? Please submit your vote by clicking on an answer that is on your screen. All right, looking for responses to the poll question. Are you partnering with non-healthcare related organizations in your outreach efforts? It looks like 77% of you are doing this now but are anxious to probably hear some more ideas. And another quarter or so, 23% are looking to expand their partnering network. So thank you for your responses. If you are engaging with non-traditional partners, we'd love to hear from you. Please share your ideas or strategies in the question section and we will share the strategies at the end of the presentation. So with that I'm going to turn it over to Erin for our first speaker.



Erin Seidler: Great, thank you Carol. Our first speaker today is Melanie Brizzi. Melanie is the Director of Child Care Services for Child Care Aware. Melanie, I'll turn it over to you.

Melanie Brizzi: Thanks Erin. I'm Melanie Brizzi with Child Care Aware of America, and I'm really excited to be here with you today to talk about how child care can be a great partner in your efforts to enroll families and children in medical coverage. Right now is a really exciting time to be in the early child care and education field. There is so much progress going on across all the states in creating healthier environments, and I think that this provides ample opportunity for some non-traditional partners. Child Care Aware of America is a non-profit organization that has been working to ensure families in every community have access to affordable, high-quality child care. As part of this work, we lead projects that increase the quality of care. We conduct research on best practice and how to best impact child and family outcomes. We also advocate for policies that promote the health and safety of children and those positive outcomes that we're all looking for. Next slide. In addition to the research, advocacy, and quality improvement efforts led by Child Care Aware of America, there is another part of the organization that is funded by and partners with the U.S. Department of Health and Human Services Administration for Children and Families Office of Child Care. That is the project that I am involved with, and that is called Child Care Aware. Our work in Child Care Aware in partnership with the Office of Child Care includes the provision of the website, the ChildCareAware.org website, where families and child care providers can find valuable resources and information about child care, selecting child care, for new providers, how you start the child care business, and for all providers how to plan and offer high quality services. We also operate a call center where families and providers and partners can call us and find the same type of information. We've also, one of the key priorities of both the website and the call center is linking families and providers to their local child care resource and referral agencies, which we refer to as CCR&Rs. And these are local agencies that can provide referrals to child care programs and other services to families. Next slide please. I mentioned that it is a really exciting time in child care, and one of those exciting changes is the law that was passed that reauthorized the Child Care Development Block Grant, or CCDBG. This is the block grant that is awarded to all states and is a significant funding source for states to provide subsidies to help families with the high cost of child care as well as quality improvement initiatives. So the



passage of this reauthorization act, which is known as the Child Care Development Block Grant Reauthorization Act of 2014, requires states to make numerous improvements to the health and safety of child care environments as well as to provide consumer education and information to families. And this is one of the areas where I think opened up additional opportunities as states are working all across the country on implementing this new law that was going to require states to work with agencies such as the CCR&R or similar agencies to provide low income families who are receiving CCDF assistance information about the types of child care that is available, the quality of those child care providers, for example a rating level if a state has a quality rating and improvement system. States are going to also be required either themselves or through partnerships to provide information to families on child development, research and best practice, information about the state's policies that are in place to promote the social, emotional, behavioral and mental health of young children, information about early intervention services through the Individuals with Disabilities Education Act, as well as information about other government funded assistance programs, including Medicaid and the State Children's Health Insurance Program. This requirement will provide families with a great deal of information, but it's critical to their ability to find care for their children that it's healthy and safe, but also to provide additional information to help their family reach economic self-sufficiency and really thrive. It's this opportunity to partner with the CCR&R or similar local agencies doing this work, the opportunity to increase that enrollment in health coverage. I'll tell you just a little bit more about our Child Care Resource and Referral offices that we have across the country, because I do think that they are such a fantastic partner for your work if you're not already partnering with them. These are agencies, there are over 400 of them across the country. They provide a wide variety of services. The type of services that they provide often depends upon the system structure within that community, the needs that have been identified as highest needs. So there are a lot of different services, and each CCR&R may look a little different. Some of them provide referrals, either over the phone, online, or face to face for families who are looking for child care, so they have that one on one connection with families. Some may also determine eligibility for the CCDF subsidy program. They may be sponsors of a CACFP, that's the Child and Adult Food Program that works to improve the quality of meals and snacks that are served in child care. Many offer provider training, mentoring and coaching to help improve the quality of child care across a wide spectrum of areas. And they may be leading other quality initiatives within the local community, including those



that are specifically designed to improve the health and safety of children. So these agencies are excellent programs to partner with, and not only partner with themselves but generally very much a convener and connector of other early childhood initiatives and programs. They have that one on one contact with families and with the providers who are serving those families. If you are not yet partnering with a local CCR&R and you are interested in finding out who serves your area, our website, listed there on your screen, has a search feature where you can enter a zip code and find out who your local CCR&R is. Next slide please. In addition to partnering with CCR&Rs, reauthorization and all of the efforts at national, state and local communities really provide additional opportunities to partner with the providers themselves. This can be daunting, there are a lot of them, a lot of different kinds of child care, but there are ways to effectively and efficiently partner with child care providers. And our high quality child care providers who are really seeking to serve families and children, and we have so many of them, work very intentionally around family engagement, and you I believe are probably familiar with partnering with Head Start, which is one type of early care and education program, but there are many others who are working to make sure that families have the information about all of the services that they need to thrive. Some states are embedding these requirements in other systems, whether that is a licensing system or the quality rating and improvement system, and I mentioned that briefly a minute ago, but the quality rating improvement system is designed to give families an easy to recognize symbol for quality, something like a Better Housekeeping Seal of Approval. But also to provide the providers themselves with the assistance, training, support to improve their program quality and receive a higher rating. So 23 states have actually embedded standards within their QRIS, and not every state has one yet but many do. And some are embedding standards that require higher rated providers to provide their families with information about other community resources including information about Medicaid and children's health insurance programs. Some states are also embedding the same requirement within their publicly funded pre-K. So Indiana's On My Way Pre-K is one such program that the statute that creates the program requires providers to offer family engagement activities. And one of those potential activities is the provision of a source of community resources and available resources for families. Next slide please. So there is a lot of opportunity to partner with non-traditional child care partners, and that opportunity continues to grow. Some of those potential partners, if you have not considered these folks, your Child Care Development Fund or CCDF lead agency and their staff. These are the folks



responsible for implementing the new reauthorization act and for providing many, many child care services that may look different in your state. You can also let Child Care Aware help you to connect to the agencies doing the work within your state. The intake agents are those folks that work directly with families to determine if they are eligible for the CCDF program. Again, they may be called something different depending on where you are working, but they have that face to face contact with families who are earning below 85% of the state median income typically and can be a great partner. I mentioned the Child Care, CCR&R agencies as well as other partners that are providing referral services to families that include folks like Help Me Grow, which is in several states, or 211, also great partners. Providers frequently have associations, for example the Association for the Education of Young Children has chapters throughout states that could be a way to connect with multiple providers at the same time. Providers who are taking CCDF vouchers and are participating in the CACFP program are serving children from the target audience and are generally working to ensure the health and well-being of that child in a broad perspective. Faith based providers are also great resources if you've not yet connected with your faith based programs offering early care and education, as well as those pre-K programs that are serving low income families. Also recommending that you partner, if you have not already done so, with agencies and organizations who are working on that multigenerational approach to poverty reduction. So this could include a home visiting program, such as Healthy Families, there are numerous different types of home visiting programs depending on where you live, United Way and workforce initiatives such as those of Goodwill. Next slide please. Let me tell you a little bit more briefly about one of the other initiatives at Child Care Aware of America that is working to improve the health and safety of child care and communities. This is a project that is funded by the Robert Wood Johnson Foundation. In this partnership, Child Care Aware of America has awarded grants to the states listed on your screen, Alabama, Colorado, Indiana, Missouri, New York and North Carolina, and they are working with local coalitions that are interested in working within early care and education programs. They are working to advocate for healthy active living practices within child care, so good nutrition, exercise and activity, and they are doing so through advocacy and working with states as they implement the state plan related to the Child Care Development Block Grant. So the assistance that is offered includes developing a toolkit that could be used by others on how do you work within child care to create these healthy environments for children. I know that that toolkit is in the works now and does include



information about connecting families to resources for health care. They will be supporting these state teams as they work moving forward. They are also looking at issues such as nutrition, screen time, breastfeeding support, and safe sleep environments in child care settings. So these folks can provide additional opportunities for partnerships as well as for that convening and connecting with other local organizations who are working towards the same goals. Next slide please. Looking forward to next steps or how Child Care Aware might support your work, again we can provide information, connect you to your state and local CCR&R agency. We'll be able to connect you once the toolkits are developed, to the toolkits coming out of the Healthy Child Care- Healthy Communities project. As well as the provision of information on our own website and through our call center. Next slide. You'll find on this slide my contact information. As you are working to engage non-traditional partners, please consider Child Care Aware and your local CCR&Rs. If you have any questions or concerns, you can reach me at the information on your screen. Thank you.

Erin Seidler: Great, thank you so much Melanie. It's really informative information, and I hope it gives the folks on the phone some ideas to connect with child care centers in their area. Next we will hear from John Hall. John is the Field Office Director at the Housing and Urban Development Office in Indianapolis, the field office. Thanks for joining us John.

John Hall: Thank you very much, and we are honored here to be involved in this webinar, Engaging Non-Traditional Partners to Increase Medicaid and CHIP Enrollment. As mentioned, I'm John Hall. I'm the Field Office Director here in Indianapolis. Our jurisdiction covers the entire state of Indiana, all 92 counties. I want to share a small snapshot about the U.S. Department of Housing and Urban Development, and then describe to you how we are working to improve health outcomes at the federal level. We are partnering with local stakeholders to increase the number of individuals who are signing up for our health insurance. Next slide. Last year, the U.S. Department of Housing and Urban Development celebrated our 50th anniversary as a cabinet level office. Our Secretary, Julian Castro, adopted the name The Department of Opportunity in order to illustrate the underlying purpose behind HUD's wide ranging program areas. He talks about zip codes that, no child should determine how far they can go by the zip code that they live in. And that includes health outcomes also. So Secretary Castro's vision for HUD focuses on six important areas. One, we are building a stronger HUD that is more responsive to the needs of internal and external stakeholders. We are enhancing and strengthening our people, processes, and systems to build



greater capacity. Two, we are helping families and individuals secure quality housing. Here in Indiana, 230,000 FHA insured houses has led us to a 68.9% home ownership rate. Three, we are fighting to end homelessness through our continuum of care grants and through our vast vouchers and collaborations with the VA on housing veterans. Four, strengthening all communities and a century of cities. HUD is working because the Census Bureau has forecasted that by 2050, there will be an additional 80 million people here in the United States. 60 million of that number will be located in our urban city areas. So we are striving to make sure that all citizens have an inclusive way of living, working and playing in our communities. And so number six, we are addressing climate change and natural disasters. When I talked about inclusiveness, that was our number five target with our Fair Housing Division, which is leveling the playing field for all Americans of all walks of life. In 1996, HUD had a total of 18,000 employees. Today, we are at 7,900. When I started here, I will be finishing my fourteenth year in December. In 2002 I had 84 employees to look at. Today I have 39. We are a mid-sized federal agency, and the predominance of our budget is allocated to housing programs. We maintain relationships with almost 8 million residents across the country with assisted housing. HUD is presently operating on a five year strategic plan that runs from 2014 to 2018. One of our primary objectives, outlined in detail, is that our strategic plan is to use housing as a platform to stabilize households and improve health. Next slide. HUD's Office, our U.S. Department of Housing and Urban Development Office is led by the Field Policy and Management Division which I am the Field Office Director. So we lead the design to complete our strategic goals and to meet our top targets. I work with our five division directors here to make that happen. We are charged with implementing those plans and objectives. My Regional Administrator, Antonio Riley, had a close relationship with the Regional Administrator for Health and Human Services, Kathleen Falk, and that is how we began to move to partner with other stakeholders to make sure that we were enhancing our objective to improve health conditions through our housing platform. Next slide please. The U.S. Department of Housing and Urban Development here in Indiana, in our Indianapolis office, is made up of our seven divisions. We are a full service office with our 39 employees. We have a Public Housing Division, we have a Multi Family Division which handles the apartment side of the business. We insure apartments and we provide apartments with subsidies for individuals who may be low to moderate income, and that rent is based on 30% of their income. We have Single Family Division representation, that's our FHA Insurance. As I think I've mentioned, we insure 230,000 houses here in



Indiana. We have a Legal Division, a Labor Division, and a Fair Housing Division which handles individuals that feel that they have been discriminated against in a housing situation. Next slide. Our Indianapolis office has worked in three critical ways to improve the alignment of health and housing stability in order to meet and fulfill our national strategic objectives. First, our office prioritized support of health insurance enrollment through our regional administrator and through Kathleen Falk at Health and Human Services, Regional Administrator for Region 5. Our support included identifying HUD assisted multi-family developments here in Indianapolis and central Indiana that would be most receptive to an enrollment outreach. We partnered with the Marion County Health and Hospital Corporation, Eskenazi Health brought the navigators. IU Health brought the Garden on the Go Team and the Women on Wheels Mobile Unit. So we were able to provide incentives for residents of our housing, multi-family housing division, of coupons that allowed individuals and families to purchase healthy food, fresh food. The Garden on the Go Team provided cooking instructions on how to cook healthy. The Women on Wheels moved from our apartment complexes in that area to our YMCA and Health Net that was created through a tax credit opportunity here in the city in order to attract probably our greatest number of attendees, it was a little over 240 attendees who were interviewed, and then a good percentage were able to sign up for either Medicaid or the Platform insurance or our state expanded Medicaid program that was approved by the Obama Administration. Second, we are working to improve health outcomes through those tax credits and to create health components that are linked to our housing developments. And then third, finally we have worked with cities around the state and our Healthy Homes division within HUD to provide Lead Hazard Grants for three cities, Fort Wayne, South Bend, and Indianapolis, to address issues with children 6 and below who have been exposed to lead hazards. Next slide. HUD's Washington, D.C. headquarters office supports three important initiatives to consider, that you may consider mobilizing an outreach to include insurance as a component. First, HUD has issued a proposed regulation that will require public housing authorities to implement smoke-free policies. Public comment on that proposed regulation is now closed, and should be made final shortly. Many of our public housing authorities will be carrying broad outreach on the new rule and how that outreach may be a good opportunity that you may find to coordinate in order to improve health insurance enrollment. Second, HUD is home to the office that concentrates on advancing the concept of healthy homes with our Lead Hazard Control Grant. Many HUD government partners use these HUD grants to implement



lead remediation programs which conduct direct outreach to families. The local office may be able to assist you with you and your local governments or non-profits in conducting this outreach for lead safe housing. Those agencies may be good partners in promoting insurance enrollment as part of the Healthy Homes Initiative. Finally, there is an initiative that you may have heard of that began last month that is called the Every Student, Every Day initiative. This is a collaboration with HUD, the Department of Education, and other fellow agencies that is aimed at reducing absenteeism, which can be driven in a large part by health or healthy homes issues. The rollout of this initiative in your community could be determined by the federal agencies that are near you, and it is worth you looking into that. Next slide. With our breadth of 54 offices around the country and a wide range of program areas with substantial contact to partners specifically that may be low to moderate income, and those families that are made up of households, your local HUD office could be an important partner in raising health care insurance enrollment and delivering health outcomes in your community. Thank you for this opportunity to present our experience here in Indianapolis.

Erin Seidler: John, thank you so much for that information. I think we all just agree that it makes so much sense for our grantees and partners to engage with HUD and with local housing efforts as we all do our outreach and enrollment activities. Next we'll hear from Elizabeth Colvin. Elizabeth is the Director of Insure Central Texas. Thanks for joining us Elizabeth.

Elizabeth Colvin: Thank you. Our agency, Foundation Communities, provides a non-traditional approach to getting families and individuals covered. I direct the Health Insurance Enrollment Program, which we call Insure Central Texas. But Foundation Communities is a much larger organization. We are a non-profit based in Austin, Texas. We were founded in 1990 as an affordable housing organization. We own and manage nearly 3,000 apartments across 19 properties. Our agency has evolved through the years, and we now have four areas of focus. Housing, that's in housing services, education for children and adults through our onsite learning centers, financial stability to arrange a finance program, and health initiatives which includes helping people get coverage. Next slide. As you can see from the picture, our affordable properties don't fit the stereotype. They are beautiful places to live and they are built with high environmental standards. Next slide. So for the past 15 years, we have offered financial programs to both the residents of our properties and to families in our communities. Our largest financial program is free tax preparation, and we prepare 20,000 tax returns each year with the help of 500 IRS certified



volunteers who donate their time. We also offer money management classes, one on one financial coaching, and a program we call Cash for College that assists with financial aid and scholarship applications. Four years ago, our board made a commitment to improving the health of our residents and our community. As a result of that, we've launched several health initiatives in recent years. On our properties, we now offer health screenings, exercise classes, smoking cessation, healthy cooking classes, as well as environmental designs that promote healthy living. Our Zumba classes are actually the biggest Zumba classes in all of Austin. Our agency's focus on health is really part of a national trend. We're not unique in this. Because people have recognized the very strong connection between housing and health, and also income and health. So for Foundation Communities, enrolling people in health insurance is part of our Healthy Living Initiative, but it's also part of our work to promote financial stability. We've done one on one financial coaching for years, and medical debt has been one of the biggest challenges. The reality is, it doesn't matter how much you save or how well you budget, or how many money management classes you attend, a medical crisis is financially devastating if you don't have health coverage that limits your liability. Next slide. Here is our perspective on financial stability and how we see getting families and individuals covered fits into that. So we start with tax preparation where we are serving 20,000. That's our gateway, that is a low touch, warm touch program but it can serve as a gateway to these other services. The next step is health insurance enrollment, and of course during the tax preparation process you learn whether or not someone has insurance because that is now on the tax return. So that's a great opportunity to get a referral to our health insurance team, which is actually co-located with the tax program. But enrolling in insurance is just the first step. It is not going to help your health if you never go to the doctor. So our next step is helping people navigate, use their health insurance, find a doctor, and health literacy and advocacy, really understanding their rights and how to access the services that they need. Next slide. We provide all of these financial services and health insurance enrollment in a one stop shop that we call the Community Financial Center. We have two of these locations in Austin. When the Affordable Care Act launched in 2013, we saw a need in our community to assist people with navigating that process just like we see people needing help getting their taxes filed. What we have done is applied the free tax preparation model to health insurance enrollment. We rely on well-trained volunteers, and it is the volunteers that give us the capacity to serve thousands of people. We hire experienced paid staff to serve as site



managers and constant support for the volunteers. And then we have carefully selected locations that have the room and capacity to serve thousands of people and are very easily accessible. Specific to health insurance, we recruit 50 to 100 volunteers and train them to be certified application counselors. We have paid site managers, and our program has also hired some paid bilingual counselors just because of the very high demand we have for Spanish speakers. Next slide. Through this model, we have been able to serve more than 16,800 individuals in health coverage in our first three years of operation. It's a retail model, as you can see on the slide we are open seven days a week during open enrollment. We don't require appointments, you just walk in. We are co-located with numerous services, and this year we had 60 volunteer certified application counselors. Next slide. This shows our cumulative impact since October 2013, 16,800 individuals enrolled. And for our funders, they love this next number, that is their return on investment in our program. \$44 million that we have helped claim in premium tax credits, which is subsidizing the cost of insurance for low income families and individuals in our community. Next slide. Now here are numbers for the 2016 enrollment season. As you can see, we are focused on uninsured adults and children, Spanish speakers and other non-English speakers. 46% of the people we serve speak a language other than English, and of the people we enrolled this year in the third year of enrollment, 45% of the families had one or more uninsured adults. We've found that when you find uninsured adults, that's a great opportunity to enroll uninsured children. I wanted to touch briefly on what I talked about, the retail model that we operate under. We're open seven days a week, long hours, no appointments required. That is, it's like you would want a retail store to operate. This is how we think of it. When you want to go buy milk, you don't have to think, is this the day they're open, do I have to make an appointment, what are their hours today. You just go. You just go buy milk. And we want our services to be that easily accessible, so people can just drop in, do their taxes or get coverage. Outside of open enrollment, we operate with a more traditional appointment basis with evening and weekend appointments available. We do analyze data, we're very data driven, so we track how many people come each hour of each day and we tweak our schedule accordingly to make the best use of our resources. So if we have very few people coming between 8pm and 9pm at night, we will in the next season decide to close at 8pm just to make better use of our resources. By having only two locations, we consolidate our resources. So less staff, we need fewer printers, fewer computers, because we are only supporting two locations, but those two locations are serving thousands of



people. Next slide. While we have the benefit of having our tax program right in the same room with us, this is a partnership that can be replicated elsewhere. And it just makes sense, there are so many things that overlap between health insurance enrollment and tax preparation. You're serving the same population, you have pretty much an overlapping calendar with January and possible SUPs after January. We have similar infrastructure needs, we sort of need the same basic computer, printer, paper supplies. Since the taxes and the Affordable Care Act are so intertwined, it gives people doing enrollment access to tax expertise and gives tax preparers access to health insurance knowledge which they now need in doing a tax return. And when somebody gets penalized for not having coverage, that is the perfect time to get them enrolled. And you can also do complementary outreach or do joint outreach together. Next slide. As with any program, partnerships are critical. These are some of the partners that we work with. Medical providers have been a great source of referrals. When people are diagnosed and they don't have insurance, nurse navigators call us to help see if we can get insurance or coverage for those individuals. We also have a great partnership with our local FQHCs, local Federally Qualified Health Centers. We do training together, I've had my staff shadow their staff. We've had their staff come onsite during enrollment season to help specifically with CHIP/Medicaid enrollment if we don't have enough people doing that at the time. We also work closely with groups that serve the self-employed, and what we call the gig economy. So people who don't get insurance through work. Through Health Alliance for Austin Musicians, we helped more than 1,500 musicians and their families get health care coverage during open enrollment. That organization, Health Alliance for Austin Musicians, came to our financial center and operated onsite for the duration of open enrollment. It was a great partnership and it worked really well to get those families enrolled. We've also found that the community college, we actually have one right across the street from one of our financial centers and right down the street from another financial center. So that's been a great partnership. And often, for students, especially students with families, the health insurance they can get through the marketplace is cheaper than the insurance offered through the community college, at least that's the case in our situation. Next slide. So here are just some resources for you. That's our organization's website. Foundation Communities. My program's website is InsureCentralTexas.org. The next is a link to a video. It provides a great example of the connection between housing, health coverage, and getting health care needs met. It's a story of actually one of our residents, Dalton Duffie, and it shows how housing was the key and the



first step to him addressing his health needs. If you're interested in partnering with VITA sites, that's Volunteer Income Tax Assistance, there is a link where you can find out about VITA sites in your area. Thank you.

Erin Seidler: Great, thank you so much Elizabeth for that information. You guys are really doing some amazing work down in Texas. Just a quick reminder, if you do have any questions during the webinar today, please feel free to use the question box on the right side of your screen. Next we'll hear from Bahar Basseri. She is a Program Assistant at the Children's Partnership. Thank you for joining us.

Bahar Basseri: Thanks for having me. I would sort of talk about how organizations can partner with businesses to connect children and families in their health search. Next slide please. So the Children's Partnership is a research, policy, and advocacy organization. We work to ensure that all children, especially those that are at risk of being left behind, have the opportunities and resources they need to grow up healthy and lead productive lives. Since 1993, we've served as a trusted resource on recognizing what is needed now to improve the well-being of children today and tomorrow. We work in California and nationally, with staff in Los Angeles, Sacramento, and Washington, D.C. More than a decade ago, the Children's Partnership teamed up with small business leaders to connect employees and their families to health coverage. So while the proportion of uninsured children has reduced since that time, we do see workplaces continue to be an important place to connect families with information about how to get their children enrolled and covered. Next slide. So the challenges that we've seen. The Affordable Care Act has made comprehensive changes to the health care system and provided new opportunities for coverage to uninsured Californians and Americans across the country. In California, many of these families and their children are eligible for no- or low-cost health coverage through Medi-Cal, which is California's Medicaid program, and our CHIP eligible kids are also enrolled in Medi-Cal. Or there is financial assistance through Covered California's individual marketplace. But we do still see a good pool of children still remain uninsured. And while we recognize that every state has its own unique challenges, we're hoping that what we've done in California can be tailored in other states. Next slide. So in October of last year, President Obama signed into law HR1624. This gives states the option to expand the small group marketplace to include businesses with up to 100 employees in 2016, which is earlier this year. In California, state legislation has been passed. So we designed small businesses as those with up to 100 employees, and that was starting this



year. And businesses with 50 or more full time employees are required to provide health insurance to their employees under the employer mandate provision of the ACA. But small businesses, those with 49 or fewer full time employees, are not really subject to this mandate. So we see small businesses can play a critical role in connecting these families and their children to coverage. In order to really assess if this was an opportunity, we did some research and we found out that 1 in 3 of the remaining uninsured children in California had a parent working for a small business. While we don't know that data in other states, we do suspect that this still is an opportunity. So with more research, we've also created a briefing document, which you can find on our website. This shows more information about how this effort is grounded in research and is a data-driven strategy. So overall, covering children is good for families and employers alike. Studies have shown that when children have health insurance, their parents are less stressed, miss fewer days of work and are more productive. Next slide. So we do see, there are two affordable opportunities for small businesses to help connect families to coverage. This is something that we have researched, that we have done within our research. One of the options is to assist these small businesses in insuring their workforce. The Federal Small Business Health Options Program Marketplace was created to help employers with financial assistance through tax credits to help provide health coverage as well as health insurance options. In California, we've created our own marketplace for small businesses called Covered California for Small Business. A second option is that if the employer did not provide insurance, there still is a good opportunity for them to provide information about how their employees and their families can enroll in individual insurance through Medi-Cal or Covered California, again that's our state's Medicaid program, and/or the individual exchange. Both of these options are available year round for those that are eligible. Next slide. I'll talk a little bit about our strategy. Our first that kind of pulled this project together was our need for partnership. And a top goal for the project was to develop and engage with the small business organizations so we could utilize invaluable links to the small business community. It was crucial that our partners be highly credible with the small businesses so that we are also supported by them with the inside knowledge that they have. And by enlisting the involvement of these organizations, we expanded our knowledge and reach greatly by tapping into their vast networks and providing them with our messaging with which to engage their members. So we did connect with Small Business California, Small Business Majority, Health Law Guide for Business, The California Endowment, Covered California, and some other partners as well. In order to



further our project with them, during our initial meetings with these organizations we discussed our findings and we shared our goals for the project. It was an opportunity to get their advice during strategy and what type of information and assistance small businesses might be interested in to connect children to health coverage. So as the project progressed, our partners were a great resource for collaboration on the material that we created and the avenues in which they conducted their outreach. Together, we were able to create some tools and resources. We created a flier and an envelope stuffer. This was to equip small businesses with the tools that they would need to connect employees and their families to coverage. So our resources outlined options for small businesses to benefit from these tax credits so they could offer health coverage to employees or so they could provide information to employees about health coverage options for themselves and their children through Medi-Cal or Covered California. Lastly, follow up. We have reached out to our partners every month to try to find additional opportunities to expand on the project. Next slide. Here are our materials. On the left you'll find our flier, and the paycheck stuffer is on the right. They are both available in English and Spanish, and they are on our website for small businesses to print. The flier also mentions ways employers can use the flier and other resources listed on our website to help connect families to health coverage. The flier was really created with a lot of feedback from our partners. Because we are unknown in the small business community, it was important that our partners really engaged with the flier and in the creation of it, because it would have a greater impact coming from our partners as they are a trusted resource. So we also included their logos on the flier as well. Next slide. Some of the outreach activities we did with our partners as well. We have two web pages. The first one is for small businesses, small business employers to utilize. It contains the flier and the stuffer as well as some other resources. The other website is for the general public, and it outlines our strategy, our work, and it also has the briefing document I was speaking about earlier. We have also created some E-blasts. We sent an E-blast to our audience, which is about 2,000 organizations. Then we also had our partners get the word out to their small business members by drafting an E-blast for them to share through their communication as well. We have also shared some messaging through social media via our Facebook, Twitter and blog post. Next slide. Some of our lessons learned, and our first one is building on trust with the small business community. So essentially, we at CPC are building on a history. When CHIP was rolling out, we did some work with them. So it was easy to pick back up with these organizations and introduce this new project. We also have



organized businesses at the state level. We're very excited and interested about this effort. So we received a great deal of support and enthusiasm from those at Covered California as well. Now, a big lesson learned was that, as most of you have experienced, outreach takes relationships, which can take a long time to build and can be difficult. So while we have interest and know that what we are doing is the right thing, the work just takes time to push through. And that follows to our next lesson which is follow through. It is harder to keep our partners engaged, as they have other priorities to fight and support such as minimum wage. So it is important not to lose that momentum and to keep the lines of communication open so that we are engaged with our partners, so we are digging deeper as they give us a warm hand off to the partners that are on the ground at our next step as well. We've also experienced some negative perceptions of the ACA. In California, the marketplace had some system glitches, people struggled with it. So regardless, we know that this is a strategy that takes longer to build but has promising and viable results. We also see that outreach requires resources. Although we were limited on our resources and funding for this project, maybe if we had the resources we could do more, but we made a good impact with the limited resources that we had. Another lesson learned is, while we can get numbers on the number of people the message has reached, we don't have data on how many children now have health coverage as a result of this initiative. So there is this lack of a feedback loop. This is what our next steps, what we are doing in our next steps to filter through the possibility of pushing this project forward. Next slide. These are some of our next steps. We realize that with our limited partners, the need to re-strategize our effort outlets, we look at our current partners to help us connect us to the smaller organizations and associations that are closer to the ground so we can participate in a more hands-on engagement with small businesses. So we're looking to connect with smaller business organizations that are in contact with underserved communities, and also look to partner with organizations possibly in the inland empire and central valley where more Latino and undocumented kids live. We are also partnering, we also realize the benefits this project has. So we're striving to continue to pursue these avenues through the small business community. So that's why we're going to be identifying additional opportunities and partners at the state level. We're going to be identifying local associations that represent business communities of color and to identify ways to work with individual businesses to pilot. So given the important connections small businesses have to eligible families, small business employers do have a need, we are working to give them these tools and resources to educate their employees about coverage



options for the entire family. So mainly children and everyone can be covered as well. Next slide. Thank you so much, and if you have any questions feel free to reach out to us. The last website listed here has all of our information about this project that you can see links to and help small businesses in your community. Thank you again.

Erin Seidler: Thank you so much Bahar for sharing that information with the group. I know that we're running a little long on time here. So I want to quickly run through some of the Connecting Kids to Coverage Campaign resources we have available on our website. Next slide. You can visit our Outreach Library page to download tip sheets, including tips on engaging with non-traditional partners like local businesses and state communities. Next slide. While you are reviewing our Outreach Tool Library, download some of our template materials. We have social media content and graphics you can share on your social channels and eNewsletters that you can share with your networks. You can also customize most of our materials to support your outreach efforts, and we provide materials in both English and in Spanish. The process for customizing materials takes approximately two weeks. All of our outreach videos and previous webinars are also available on the Outreach Tool Library on the Insure Kids Now website. The outreach videos are short videos showcasing a variety of outreach and enrollment promising practices from groups across the country. And there are several ways you can stay up to date with the latest Medicaid and CHIP outreach strategies and stay connected to the Connecting Kids to Coverage Campaign. Sign up to receive our campaign eNewsletters. They are distributed throughout the year and provide updates on campaign activities. We also want to hear from you. If you have any questions or just want to share an outreach and enrollment story, email our team at connectingkids@cms.hhs.gov. To expand your outreach, connect to the Campaign on social media. Follow @IKNGov on Twitter for campaign updates and share resources across your social media channels. And don't forget to tag your posts using #Enroll365, #Medicaid, and #CHIP. We would love to see what you are doing in your community. We have been monitoring your questions throughout the webinar, and want to take the opportunity to address some of those questions. If you haven't asked your question yet, again please type your question in the chat box now. So the first question, we'll open it up to the group. Do you have any recommendations on how to make the initial connections with non-traditional partners in your community and how to identify them? And I'll open it up to any of the speakers to jump in.



Melanie Brizzi: This is Melanie from Child Care Aware, and I do recommend if you are just starting out in making those connections to reach out to the Child Care Resource and Referral agency. They will be very informative about other folks that are working in this field. So if it is not something they are directly involved in, for example referrals to families, they will be able to point you to someone who is. And I think that's always a great place to start when utilizing child care as nontraditional partners.

Erin Seidler: Great, thank you Melanie. And we'll post some additional tips in the eNewsletter. Again, if you haven't signed up for the eNewsletter please do and we'll share some additional outreach tips. The last two questions we're going to put Elizabeth on the spot. We had a few clarifying questions for the information you provided. The first is, is the data on the 2016 enrollment slide collected to date or is that data projected through the end of the year?

Elizabeth Colvin: That data is actually through March 31st of this year. That is really just, so it is from the start of enrollment season, November 1st through March 31st.

Erin Seidler: Those are fantastic numbers. Congratulations. And then the second question for you is, you had mentioned that the calendar overlaps for outreach with tax season, and I think there was a clarification on how that overlaps because of when the end of open enrollment is but understanding that Medicaid and CHIP enrollment goes throughout the year.

Elizabeth Colvin: Yes. So the open enrollment season ends January 31. Most tax preparers open in mid-January and do outreach in December/early January. So as we know, a lot of people for open enrollment wait till the end. So we can piggyback or work together on the tax outreach and enrollment outreach in that month of January together. And then after open enrollment ends, you can still work with a tax program to promote CHIP and Medicaid enrollment, especially for those folks who come in and their children aren't enrolled and that is noted on the tax return.

Erin Seidler: Great, thank you so much for clarifying those two pieces. Again, thank you everyone for joining us today and thank you so much to our speakers for providing that excellent information. Remember there are campaign resources available for download and to customize on the InsureKidsNow.gov website. You can also access past webinars on InsureKidsNow.gov, and a recording of this webinar will be available on the website in two weeks. Please feel free to revisit InsureKidsNow.gov in the



next two weeks to get a recording of this webinar. Thank you again everybody and have a great rest of your day.